

**CITIBANK® GOVERNMENT AGENCY/ORGANIZATION PROGRAM COORDINATOR SETUP/MAINTENANCE FORM**

**SECTION I**

**INSTRUCTIONS**

1. To add, delete or change Program Coordinator (PC) information, the Agency/Organization Program Coordinator (A/OPC) completes Sections I through III and signs in Section IV.
2. Indicate the **type** of request:  

<input type="checkbox"/> CCMS - CitiDirect® Card Management System Select one of the following: <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Read</span> <span><input type="checkbox"/> Read/Write</span> </div>	<input type="checkbox"/> CCRS - Citibank® Custom Reporting Select one of the following: <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Read</span> <span><input type="checkbox"/> Read/Write</span> </div>
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3. Indicate the **action** you are requesting:  

<input type="checkbox"/> Add to PC info ( <b>Complete entire form</b> ) <input type="checkbox"/> Delete PC info	<input type="checkbox"/> Change PC information (Complete Reporting Hierarchy and only the items requiring a change) <input type="checkbox"/> Add as Alternate PC
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4. Maintain a copy in the Approving Official and Agency/Organization Program Coordinator's files.
5. Fax completed form to your Client Account Manager at 904-954-7700.

**SECTION II**

**AGENCY/ORGANIZATION PROGRAM COORDINATOR INFORMATION**

The Agency/Organization shall identify below an Agency/Organization Program Coordinator (A/OPC). The Agency/Organization may also identify additional A/OPCs to handle account matters. A detailed description of the A/OPC's responsibilities may be found in the Agency/Organization Master Contract.

(1)			
First Name of A/OPC	Middle Initial	Last Name (maximum 24 characters total)	
(2)			
Business Mailing Street Address		E-mail Address	
City	State	Zip Code	Country
(3) ( ) (4) ( ) (5)			
Business Phone	Fax Number	Verification Information	

**SECTION III**

**REPORTING PARAMETERS**

Agency/Organization Name: (6) \_\_\_\_\_

Reporting Hierarchy: (7) \_\_\_\_\_

**SECTION IV**

**(8) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER**

Incoming Agency/Organization Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Incoming Agency/Organization Program Coordinator's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Incoming Agency/Organization Program Coordinator's Business Phone Number (with area or country code) \_\_\_\_\_

Incoming Agency/Organization Program Coordinator's Fax Number (with area code or country code) \_\_\_\_\_

Existing/Outgoing Agency/Organization Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Existing/Outgoing Agency/Organization Program Coordinator's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Existing/Outgoing Agency/Organization Program Coordinator's Business Phone Number (with area or country code) \_\_\_\_\_

Existing/Outgoing Agency/Organization Program Coordinator's Fax Number (with area code or country code) \_\_\_\_\_

**ALL fields must be completed prior to submission or the form will be returned to you.  
Numbers in parentheses correspond to numbers on guide sheet on next page.**

**Global Transaction Services**

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